

Cleveland State University

Department of Conference Services

2121 Euclid Avenue – AC 104

Cleveland, OH 44115

Phone: (216) 523-7203 or (216) 687-2268

Fax: (216) 687-5545

[Calendar of Events Page](#)

Facilities Reservation Form

This form must be completed, signed, and submitted to Conference Services a **minimum of 10 working days** prior to the event.

Visit www.csuohio.edu/services/conferenceservices for facility policies and pricing information.

Cancellation Notice: Notice must be given in writing within 3 days of the event. Responsible parties will be held financially accountable for all charges that would have been incurred because of commitments made to facilitate the event if proper notice is not given to Conference Services.

NAME / DESCRIPTION OF EVENT _____

DEPARTMENT _____

ORGANIZATION _____ PHONE _____

DO NOT PUBLISH ON WEB VIEWER RESPONSIBLE / REQUESTOR _____

1.	Begin Date		End Date		Facility Requested	Set Up Time		Actual Event Time	
	M/D/Y	Day of Week	M/D/Y	Day of Week		Begin	End	Begin	End
1.	_____	_____	_____	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____	_____	_____	_____

- Set-Up Requested:**
- As Is
 - Classroom
 - Diagram Attached
 - Hollow Square
 - Lecture (Chairs only)
 - Reception
 - Round Tables
 - U-Shape
 - Other _____

- Food and Beverages Served?** Yes No
 Call Catering Office to place order at 687-3805
- Describe Type of Food Requested:

- Food Waiver Approved by Dining Services?
- Alcohol to be served:** Yes No

- Event Open To:**
- Members Only
 - University Community
 - General Public
 - Rental
 - Admission \$ _____
 - Registration \$ _____
- To Be Notified:**
- Building Services
 - Grounds Department
 - IMS
 - Parking
 - Police – Special Attn.
 - Police – Required

Special Instructions

Estimated Attendance: _____

- Items for Sale:** Yes No
- Donations:** Yes No

CSU Account Number:

Request will NOT be processed if left blank.

Equipment Requested	Qty.
_____	_____
_____	_____
_____	_____
_____	_____

Conference Services Use Only	
File _____	Reservation # _____
Type _____	Entered By _____
	Date _____

Signature Authorization:

Department Approval _____

Facility Approval for BU; LB; MU; PE; RC; UR only:

Faculty/Staff Advisor _____

Student Life _____

Conference Services _____